

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for  
Termination of Probation of:**

**Reynaldo Ycoy Garcia, M.D.**

**Physician's and Surgeon's  
Certificate No. A 89529**

**Respondent.**

**Case No. 800-2020-063421**

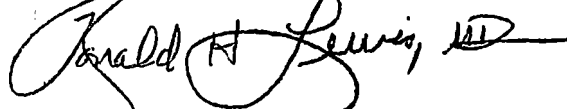
**DECISION**

**The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on July 29, 2021.**

**IT IS SO ORDERED June 29, 2021.**

**MEDICAL BOARD OF CALIFORNIA**



**Ronald H. Lewis, M.D., Chair  
Panel A**

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for Early Termination of  
Probation of:**

**Reynaldo Ycoy Garcia, M.D., Petitioner**

**Case No. 800-2020-063421**

**OAH No. 2021020416**

**PROPOSED DECISION**

Danette C. Brown, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by video on March 24, 2021, from Sacramento, California.

Marianne Pansa, Deputy Attorney General, appeared on behalf of the people of the State of California, pursuant to Government Code section 11522.

Reynaldo Ycoy Garcia, M.D. (petitioner) represented himself.

Evidence was received, and the record was held open to allow petitioner to submit additional course completion documents by March 31, 2021. Complainant was to file an opposition by April 15, 2021. On March 25, 2021, respondent submitted the course completion documents, marked for identification as Exhibits G to J.

Complainant did not file an opposition. The record was closed, and the matter was submitted for decision on April 15, 2021.

## **FACTUAL FINDINGS**

### **Licensing History**

1. On December 3, 2004, the Medical Board of California (Board) issued petitioner Physician's and Surgeon's Certificate No. A89529 (certificate). The certificate will expire on April 30, 2022, unless renewed or revoked.

### **Board's Accusation**

2. On July 21, 2016, complainant Kimberly Kirchmeyer, a former Executive Director of the Board, filed an Accusation in her official capacity against petitioner, alleging: unprofessional conduct; gross negligence; negligence; excessive prescribing; and inadequate records for four patients, constituting four causes for discipline.

3. On January 17, 2017, petitioner signed a Stipulated Settlement and Disciplinary Order, which the Board adopted as its Decision and Order, effective April 7, 2017. The Board revoked petitioner's certificate, stayed the revocation, and placed petitioner on probation for five years, including the following conditions: (1) controlled substances-partial restriction; (2) controlled substances-maintain records and access to records and inventories; (3) complete an education course, prescribing practices course, and medical record keeping course; (4) complete a clinical training program equivalent to the Physician Assessment and Clinical Education (PACE) Program at the University of California-San Diego School of Medicine ; (5) secure a Board-approved practice monitor; (6) no supervision of physician assistants; (7) submit quarterly

declarations; and (8) comply with all financial obligations including probation monitoring costs.

### **Petition for Penalty Relief**

4. On December 30, 2019, petitioner signed and thereafter submitted a Petition for Penalty Relief, seeking to terminate his probation. Petitioner began probation on April 7, 2017. His probation is scheduled to end in April 2022. Petitioner has not previously applied for termination of probation. Petitioner has completed all substantive conditions of probation. He is current with his probation monitoring costs.

### **EDUCATIONAL BACKGROUND**

5. Petitioner received his medical degree in May 1990 from Lyceum-Northwestern University in Dagupan City, Philippines. In April 1998, he completed his residency at Lorma Medical Center in San Fernando City, La Union, Philippines. He began his medical career in the United States in October 1998 as a volunteer in the Microbiology Department at UCLA Medical Center. In August 2005, he completed his residency in family medicine at Southern Illinois University. From July 2006 to December 31, 2016, petitioner was board-certified in family medicine. Petitioner currently works as a staff physician at the Family HealthCare Network Clinic in Porterville, California. He is also the Chairman of the Utilization Review Committee at Sierra View Medical Center in Porterville.

### **COURSE COMPLETION**

6. On April 28, 2017, petitioner completed physician prescribing and medical recordkeeping courses. On July 27, 2017, he completed Phase 1 of the PACE Program. On November 3, 2017, he completed Phase II of the PACE Program. On

November 14, 2017, he passed a Fitness for Duty Neuropsychological Evaluation. On September 5 to 9, 2017, September 4 to 8, 2018, and September 3 to 7, 2019, petitioner attended a Pain Management Conference, completing a total of 92.75 continuing medical education (CME) hours; 87.75 of those CME hours covered pain management.

7. Petitioner submitted additional course completion documentation for completion of 162 CME hours in 2020 and 25 CME hours in February and March 2021. Petitioner is current on his CME hours and is compliant with all terms and conditions of probation.

### **PACE PROGRAM**

8. Petitioner participated in Phase I of the PACE Program on July 27 to 28, 2017. He returned to complete Phase II on October 30 to November 3, 2017. In Phase I, the PACE evaluators conducted various tests, including a mock patient history and physical, a physical examination of petitioner, a cognitive screening test known as the Microcog™, and an oral clinical examination (OCE). The PACE evaluators found:

Overall, [petitioner's] performance on the Phase I, two-day assessment was varied. During the history and physical exam on our mock patient, he performed an incomplete health history but demonstrated sufficient physical examination skills. His write-up of the encounter was satisfactory. His performance on the Microcog™ indicated a need for further evaluation. During the OCE in family medicine, he failed one case but received a satisfactory score overall. During the OCE in primary care pain

management, he failed two cases but scored satisfactory on the remaining six cases. Two of his chart notes were superior, four were satisfactory and one was unsatisfactory. During the PRIMIMUM<sup>1</sup> and subsequent TSR,<sup>2</sup> he scored unsatisfactory on one case, satisfactory on two cases and superior on five cases. He scored in the 4th percentile on the Mechanisms of Disease Exam. He scored in the 34th percentile on the Family Medicine Exam.

The PACE evaluators recommended that petitioner complete a fitness for duty neuropsychological evaluation, which petitioner passed on November 14, 2017.

9. Phase II is a five-day clinical education and assessment program provided in the actual clinical environment of the University of California San Diego Medical Center or one of its satellite clinics. Petitioner's clinical skills, knowledge, and judgement were assessed. The PACE evaluators concluded:

Overall, [petitioner's] performance during Phase II was satisfactory. He performed well during clinical observation and was professional and collegial throughout the week.

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<sup>1</sup> The PRIMIMUM is a computerized test to assess the physician's knowledge of clinical decision-making and patient-management skills.

<sup>2</sup> The TSR is a Transaction Simulated Recall Interview to assess medical knowledge at the basic science level, clinical reasoning, and flexibility of thinking in managing problems.

During the [Standardized Patient Evaluation], he demonstrated some deficiencies in his physical examination skills but performed satisfactorily overall. During the [Chart Simulated Recall], there were some weaknesses in his charting but overall his chart notes were satisfactory and he demonstrated appropriate medical knowledge and clinical judgment during this exercise. His [Evidence Based Medicine] Project was satisfactory.

The PACE evaluators recommended that: (1) petitioner double the required CME hours/credits annually, for the remainder of his probation; (2) review *A Practical Guide to Clinical Medicine*, and (3) undergo a complete neuropsychological evaluation. Petitioner's overall performance in the PACE Program's comprehensive, seven-day physician assessment "is consistent with a PASS-Category 2."

#### **PETITIONER'S WRITTEN NARRATIVE TO BOARD**

10. In petitioner's written statement to the Board, petitioner explained that his probation has restricted him from prescribing all controlled medications other than those listed under Schedule V. He consistently works to maintain records of prescribed Schedule V medications and meets with his practice monitor monthly to discuss the progress of his practice. Since being placed on probation, petitioner ceased regular hospital calls for clinic patients at Sierra View Medical Center. This has significantly impacted his patient flow, providing him with more time for proper documentation, physical examinations, and counseling.

11. The PACE Program has helped petitioner to address complex medical issues and difficult, demanding patients. He has learned to set achievable goals and

create realistic expectations for himself. He has prioritized patients' concerns and has become more consistent and objective in assessing their needs. He has learned to become more passionate yet firm in his medical decisions. With these approaches, petitioner has effectively transitioned his chronic pain patients away from opiates and benzodiazepines, and towards NSAID's<sup>3</sup>, SSRI<sup>4</sup>/SNRI<sup>5</sup> medications, counseling, and physical therapy. With consistent counseling and appropriate referrals, a large proportion of petitioner's patients no longer take controlled medications.

12. Petitioner is passionate about serving rural and underprivileged communities. Full restoration of his license privileges will greatly benefit the clinic and community due to the recurring shortage of primary care physicians in the area. Over the past three years petitioner has increased his medical knowledge base by reading medical books and journals and attending CME conferences. He has remained an active medical student preceptor and mentor at the AT Still University School of Osteopathic Medicine for the past 10 years.

### **PETITIONER'S TESTIMONY**

13. Petitioner testified at hearing consistent with his written statement, and added that since being placed on probation, he has learned through the PACE Program and annual Pain Management Conferences that there are a lot of ways to treat chronic pain other than prescribing controlled medications. Many of his patients

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<sup>3</sup> Non-steroidal, anti-inflammatory drugs.

<sup>4</sup> Selective serotonin reuptake inhibitor.

<sup>5</sup> Serotonin and norepinephrine reuptake inhibitor.



have chronic diseases like diabetes, high blood pressure, and heart disease, as well as depression. Like chronic diseases, depression can also cause pain. He must make sure that mental health behaviors are addressed and may refer the patient to see a behavioral health psychologist. If the patient has pain due to osteoarthritis, he will send the patient to a physical therapist, and if the patient does not respond to treatment, he will send the patient to an orthopedist. If the patient is still in pain, he will send the patient to a pain management specialist. Porterville has a pain management clinic that opened last month. He is participating "in all these programs now."

14. Petitioner will also be "more prudent and conservative in prescribing pain [medications]." If a patient is "really needing meds and [the patient's pain] is not controlled with NSAIDS like ibuprofen and Advil, we sometimes need to go to the next level" in treating the pain. Petitioner will check the CURES<sup>6</sup> database and perform a risk assessment using safe opioid prescribing tools, which are screening tools used to determine risk for opioid misuse. "If they are high risk, we don't have to give them a [controlled pain medication] prescription."

15. Petitioner's practice monitor, Oscar Velasco, M.D., wrote in his report to the Board dated January 5, 2020, that he reviewed petitioner's charts for the last three months. Petitioner's charts "demonstrated safety in the practice of medicine." Furthermore, petitioner "has practice[d] medicine with[in] the standard of care and his chart notes were appropriate." Dr. Velasco reviewed 69 of petitioner's charts in October 2019, 51 charts in November 2019, and 60 charts in December 2019.

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<sup>6</sup> Controlled Substance Utilization, Review, and Evaluation System.

16. Petitioner's practice is in one of the poorest communities in California. Many of his patients do not have medical insurance. The clinic where he works is "in dire need of doctors." He has been practicing in the same clinic for 16 years, and there is only one other physician who comes on Thursdays to assist in the clinic. Most of the physician assistants are being managed remotely. Petitioner cannot help because his probation terms prohibit him from supervising physician assistants.

17. Petitioner seeks early termination of his probation by 10 to 11 months so that he can better serve his patients without restrictions. He considered probation as a "wake up call" to his mistakes. With insight and training from the PACE Program, CME courses, and medical publications, he has changed his practice and is more aware of alternative pain management therapies that he can utilize.

### **LETTERS OF SUPPORT**

18. Owen C. Kim, M.D., wrote in his November 8, 2019 letter that he is petitioner's colleague at Sierra View Medical Center, and has known petitioner for 15 years. Petitioner's practice serves the disproportionately low income and underserved population of the area. Petitioner has always displayed respect, knowledge, and caring "as among the finest of our medical staff members." Dr. Kim supports petitioner's early termination of probation.

19. Practice monitor Dr. Velasco wrote in his November 8, 2019 letter, that he is petitioner's colleague at Sierra View Medical Center, and has known petitioner since November 2005. He described petitioner as warm, engaging, resilient, well-motivated, dedicated, and a hard worker. Dr. Velasco is petitioner's probation monitor, a role that he is honored to perform. Dr. Velasco confirmed that petitioner limited his

patient base to improve quality care, and that petitioner has complied with his CME requirements. Dr. Velasco supports petitioner's early termination of probation.

20. Bhavna Kashyap, M.D., wrote in her December 18, 2019 letter, that she has known petitioner since September 6, 2005, when he began working at the Family HealthCare Network Clinic in Porterville. Dr. Kashyap is the Medical Director. Dr. Kashyap described petitioner as motivated, hard-working, and proactive, and "performs exceedingly well as a whole." Petitioner is a "crucial resource to the medical staff with his extensive knowledge of child, adult, ambulatory medicine and office procedures." Petitioner has a cooperative attitude with colleagues and patients, and "approaches difficult situation with an inspiring sense of optimism. Dr. Kashyap supports petitioner's early termination of probation.

## **Analysis**

21. Based upon all of the facts and circumstances set forth above, petitioner has demonstrated that he is capable of practicing medicine without restrictions and without harm to the public. He has taken accountability for his conduct and has insight into the circumstances leading to discipline of his certificate. He completed Phases I and II of the PACE Program and passed a Fitness for Duty Neuropsychological Evaluation as recommended by PACE. In addition, PACE recommended he complete double the amount of CMEs for the duration of his probation. In 2020, he completed 162 CME hours, over three times more than the 50 CME hours required every two years. He completed 25 CME classes in the first three months of 2021. He has completed all substantive terms of his probation.

22. Petitioner has been on probation since April 7, 2017 and has 10 to 11 months remaining. Petitioner's colleagues highly regard him as a committed,

knowledgeable, hard-working physician. He has demonstrated diligence in continuing education in his field and provides medical services to the underserved community in the Porterville area. Petitioner has largely complied with the PACE Program's recommendations. The only other PACE Program recommendation not addressed by petitioner at hearing is whether he has reviewed *A Practical Guide to Clinical Medicine*. Petitioner is urged to review this guide if he has not already done so.

## **LEGAL CONCLUSIONS**

1. Business and Professions Code section 2221, subdivision (b) states:

The board may modify or terminate the terms and conditions imposed on the probationary certificate upon receipt of a petition from the licensee. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board.

2. Business and Professions Code section 2307 states, in part:

(a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

[¶] . . . [¶]

(2) At least two years for early termination of probation of three years or more.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physicians and surgeons licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board or the California Board of Podiatric Medicine, as applicable, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the

petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for the truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

3. Petitioner's petition is timely. Over three years have passed since the Board's disciplinary decision. The burden is on petitioner to demonstrate that he is sufficiently rehabilitated to justify early termination of his Board probation. As set forth in the Factual Findings, he has met this burden. Petitioner has demonstrated to the Board that he is safe to resume unrestricted practice as a physician and surgeon.

## **ORDER**

The Petition of Reynaldo Ycoy Garcia, M.D. for Early Termination of Probation is GRANTED.

DATE: May 17, 2020

Danette C. Brown  
Danette C. Brown (May 17, 2021 10:48 PDT)

DANETTE C. BROWN

Administrative Law Judge

Office of Administrative Hearings